

Return original copy to:
Nebraska Department of Education
Accreditation & School Improvement
P.O. Box 94987
Lincoln, NE 68509-4987

NDE 08-023
(Revised 7/14)
Date Due: February 28
(Enclose with NDE 02-015)
FAX: (402) 471-8127

BIENNIAL COURSES COUNTED FOR ACCREDITATION

Please submit this form for biennial courses used in meeting 92 NAC 10-004.04A. Refer to Rule 10,
Regulation 004.04C4 for conditions under which such courses may be used.

Co-Dist:		Name of School System:		Address:		City:	Zip Code:
Signature of Head Administrator:				Date:			

2014-15 SCHOOL YEAR				2015-16 SCHOOL YEAR			
Course Name:		Course Code:		Meets Regulation 004.04B ____		Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:		Grade Level(s):		Course Code:	
Teacher's Name:				Number of Students:		Teacher's Name:	
NDE Staff ID:				Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Students:	
Course Name:		Course Code:		Meets Regulation 004.04B ____		Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:		Grade Level(s):		Course Code:	
Teacher's Name:				Number of Students:		Teacher's Name:	
NDE Staff ID:				Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Students:	
Course Name:		Course Code:		Meets Regulation 004.04B ____		Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:		Grade Level(s):		Course Code:	
Teacher's Name:				Number of Students:		Teacher's Name:	
NDE Staff ID:				Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Students:	
Course Name:		Course Code:		Meets Regulation 004.04B ____		Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:		Grade Level(s):		Course Code:	
Teacher's Name:				Number of Students:		Teacher's Name:	
NDE Staff ID:				Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Students:	